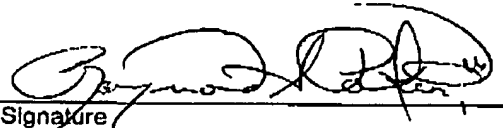


PTO/SB/22 (8-00)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Aventis Docket Number ST99001 US CNT</b>										
In re Application of <b>BOUCHARD, t al.</b>												
Application Number <b>09/903,092</b>		Filed <b>11 July 2001</b>										
For <b>NOVEL POLYHYDROXYPYRAZINE DERIVATIVES, THEIR PREPARATION AND THE PHARMACEUTICAL COMPOSTIONS WHICH COMPRISE THEM</b>												
Group Art Unit <b>1824</b>		Examiner <b>PATEL, Sudhaker</b>										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension fees are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td><u>\$ 110.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td><u>\$ 420.00</u></td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td><u>\$ 950.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td><u>\$ 1,480.00</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td><u>\$ 2,010.00</u></td></tr></table> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1982</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record (Customer No. <u>005487</u>).</p> <p><u>May 20, 2004</u> Date</p> <p> Signature</p> <p><u>Raymond S. Parker, III, Ph.D., Reg. No. 34,893</u> Typed or Printed Name</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>\$ 110.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<u>\$ 420.00</u>	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<u>\$ 950.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$ 1,480.00</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$ 2,010.00</u>
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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<u>\$ 950.00</u>											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$ 1,480.00</u>											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$ 2,010.00</u>											

Burden Hour Statement. This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22131.

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